



Turning Point, Inc. - Volunteer Application

P.O. Box 723 Woodstock, IL 60098 | 815-338-8081 | Fax 815-338-8110 | turnpt.org

Date: _____

Name: _____ Pronouns: _____
(she/he/they)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Best time to contact: Morning Afternoon Evening

Email: _____ Birth Date: _____ (month/day)

Are you related to any Turning Point employee or volunteer? Yes No

If yes, who? _____

Have you or a family member ever received service from Turning Point? Yes No

Emergency Contact

Name: _____ Phone: _____

Education and Employment Background

Please choose highest grade completed

Currently Attending: _____ Major Course of Study: _____

Present or most recent employer's name: _____

What days/times do you work? _____

What is your occupation? _____

Please provide a professional reference - Name: _____

Relationship: _____ Phone: _____

Volunteer Availability/Interests

Please check the days and times you would be available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time do you prefer to volunteer: Morning Afternoon Evening

Physical Limitations Yes No

If yes, please explain: _____

Do you have any skills or talents you hope to bring to Turning Point? (Trade skills, IT experience, second language, etc..)

Volunteer Opportunities *(Please check all you are interested in!)*

Non – Direct

- | | |
|--|---|
| <input type="checkbox"/> Donation/Pantry Organization | <input type="checkbox"/> Turning Point Ambassador |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Direct Mailings |
| <input type="checkbox"/> General Maintenance Assistant | <input type="checkbox"/> Landscaper/Gardener |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Panera Pickup/Sorting |

Events

- | | |
|--|--|
| <input type="checkbox"/> Annual Dinner (April) | <input type="checkbox"/> Awards Event (October) |
| <input type="checkbox"/> Human Race 5K (April) | <input type="checkbox"/> Santa Run 5K (December) |
| <input type="checkbox"/> Fair/Fall Diddley (May/October) | <input type="checkbox"/> In-Kind Donation Requests |
| <input type="checkbox"/> Radiothon (July & August) | <input type="checkbox"/> All Events |

Direct Service

****If you are interested in volunteering to work directly with clients please note there is a required evaluation period and the approved completion of domestic violence 40-hour training.**

- | | |
|--|---|
| <input type="checkbox"/> Client Paperwork/Filing | <input type="checkbox"/> Client Development |
| <input type="checkbox"/> Shelter Assistant | <input type="checkbox"/> Crisis Helpline |
| <input type="checkbox"/> Shelter Childcare | <input type="checkbox"/> Client Group Facilitator |

PLEASE NOTE: Background checks are required for all volunteers.

I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for a volunteer position and may result in discharge even if discovered at a later date. I hereby authorize Turning Point to make any inquiries (including a criminal background check) to determine my ability for volunteer service with the understanding that any misrepresentation I make will be just and due cause for a non-acceptance or dismissal as a volunteer.

Signature: _____ Date: _____

If applicant is a high school student (under 18): I give permission for my child to be a volunteer at Turning Point, Inc. and verify that the information provided on this application is true and complete.

Parent/Guardian Signature: _____ Date: _____